Testimony before the House Health Policy Committee on Graduate Medical Education

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Kesterson:

Good morning. Thank you for providing MidMichigan Health with the opportunity to share a rural perspective on Graduate Medical Education. My name is Sean Kesterson, and I am currently a physician and senior medical director at MidMichigan Health. My parents were from rural communities in Kentucky and Ohio, and no one had a college education until my father. I was educated in Ohio, and then trained as a resident physician at the University of Michigan, and Cambridge University in England. I served many years at UM and then helped start the medical school at Central Michigan University with its focus on rural and underserved populations.

There are two key points we would like to make today:

1. Residency training and board certification are necessary for doctors to practice medicine in this country and in this state. Therefore, we need to carefully consider how GME programs are funded and

supported in order to recruit and retain doctors to care for our citizens.

2. Our current system of residency training does not provide the balance of specialties that we need across the geographies where we need doctors.

Few people think about Michigan's small cities and towns as important medical education sites. Rural and small town GME programs do exist but need solid support from you, our policy makers to survive and grow.

Historically, physicians were trained in rural areas along with urban areas. However, standards for medical student education were practically non-existent at the time, and change swept the country.

Change came fairly quickly, based on the recommendations of Abraham Flexner's report in 1910, commissioned to investigate the quality of medical education and physician training in the United States, to raise the standard, and start to minimize quackery. Flexner visited all 155 medical schools in the United States, including Michigan. After the report, about half of these medical schools were closed, many forever. This did improve the quality of medical education, but with some unintended consequences. Experts agree that these changes led to increasing concentration of physicians in urban areas at the expense of rural areas, as well as increasing specialization and sub-specialization at the expense of primary care.

Medical schools developed stronger standardized curricula with a heavy emphasis on sciences such as biology, pathophysiology, and anatomy. They also required students to be trained in hospitals co-located with medical school classrooms and laboratories, so that they could be closely supervised by university faculty and faculty physicians. This happened predominately in urban areas with large populations, leaving out the rural communities across the country which lacked higher education facilities...

Fast-forward 115 years to present day medical education summarized in the graphic. This is the pathway from the end of one's secondary education (high school) to the professional status of a practicing physician. Medical schools and their programs, residency and fellowship training programs are highly regulated and have stringent accreditation standards that must be satisfied regularly in order to continue operating.

However, what has NOT been highly regulated or ensured is the balance of specialties of residency training programs or the geographic distribution of residency programs across all the communities that require physicians., This has directly caused an under-representation of certain specialties, an over-representation of others, and left vast areas of our state and our country now struggling to recruit and retain the physicians who were trained by the system that we designed. Furthermore, we encounter a near perfect storm, when the need for high quality primary care physicians in all geographic areas is in high demand, but primary care is the least desirable path for trainees and has the highest burn-out rate of any specialty in the country. Other key specialties and services, especially psychiatry and obstetrics and gynecology, are simply inaccessible to our rural and small town citizens in any reasonable way. This is a problem that simply must be addressed with urgency, as no comprehensive solutions are currently being proposed or in sight.

We also want to point out that licensing requirements in Michigan are out of step with practical/fundamental requirements for practice. Specifically, Michigan licensing requires only two years of post-graduate residency training. However, virtually all hospitals, clinics, and health systems require board certification or board eligibility to grant privileges, and nearly all insurance plans require it for reimbursement.

These are things that Abraham Flexner could not anticipate, and that our professional education and care systems in the United States and Michigan have failed to prepare for. A recent report from the Institute of Medicine validates this. Sadly, we have failed to produce a coherent, achievable, sustainable strategy that equitably can meet the needs of all citizens, no matter where they live. It really is time to thoroughly re-consider how we are going about this. And now, from the historical and the general to the specific, I give you my good friend and, colleague, Dr. Jim Bicknell.

Bicknell:

I was born and raised in Clare Michigan. I went to Adrian College for my undergraduate degree. Upon finishing a residency at Mt. Carmel in Emergency Medicine in 1986, I moved to Midland (30 miles from Clare) and have practiced Emergency Medicine there since 1986. I have worked administratively for our healthcare system since 2005. I am currently the president of our emergency room group and the president of MPG. MPG employs 250 physicians, nurse practitioners, and physician assistants who work for MidMichigan Health.

Midland started a Family Practice residency in the 1970's, one of the first in the United States.

Over 60 of our graduates have stayed and worked for our communities. We have 6 graduates of our residency program providing emergency room staffing in local ED's within 40 miles of Midland at this time.

We have a graduate of our program working within 30 miles of her graduation site at the tribal clinic in Mt. Pleasant. These are all examples of practice locations that would struggle to recruit and retain physicians if we were not training them locally.

Unlike an academic center we are training physicians who are much more likely to stay and practice primary care in rural and small town settings.

In the past, hospitals had some ability to fund their own residency programs. With declining margins, hospitals have found it impossible to continue.

Factors that heavily influence permanent physician practice sites are hometown, size of hometown, site/location of clinical training in medical school, and **most of all, site of training for residency**. Where you last trained is the greatest predictor of where you will practice.

We have three new medical schools in the state of Michigan. Graduates of these 3 schools, and the other 4, will leave the state if we don't have funded residencies.

It is not possible to settle into a permanent practice without being residency trained and board certified.

Hospitals do not have the funds to support residencies without state and federal support. See the previous statement to help understand what that means. **You must COMPLETE a residency in this day and age to practice**. You cannot bill most insurance if you are not board certified or board eligible. Failure to adequately fund GME would result in these newly graduated physicians leaving our state to do residencies/fellowships. That would be an unacceptable return on the investment that our taxpayers have already made in educating these physicians, and discouraging these higher educated, higher wage earning professionals from staying in our state would also not be good for Michigan's future tax base.

We thank you for giving us the time to address the committee, and sincerely appreciate your serious consideration of this matter. Dr. Kesterson and I would be happy to take any questions.